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Effective on 12/8/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2007
 Applicant Claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 180)**Complete if Known**

Application Number	10/542,072
Filing Date	July 13, 2005
First Named Inventor	HURUTA
Examiner Name	Harry A. Grosso
Art Unit	3781
Attorney Docket No.	VX052684PCT

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify): _____
- Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims		Fee Paid (\$)	Multiple Dependent Claims		Small Entity
	- 20 or HP =	0		x	\$50	
HP = highest number of total claims paid for, if greater than 20			= \$0			Fee (\$)
Indep. Claims	Extra Claims	Fee (\$)		Fee Paid (\$)		Fee (\$)
- 3 or HP =	0	x \$200	= \$0			Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = 0	/ 50 =	(round up to a whole number) x	\$0	\$0

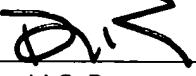
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

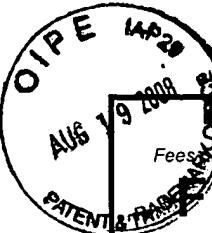
Other: **Information Disclosure Statement Fee**

\$180

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	37,701	Telephone	(703) 707-9110
Name (Print/Type)	David G. Posz			Date	August 19, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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	<u>Fee (\$)</u>	<u>Fee (\$)</u>					
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Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or (including Reissues)

<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	Multiple Dependent Claims	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP =	0	x \$50	\$0	_____	_____	_____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 =	0	/ 50 = (round up to a whole number)	x _____	\$0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement Fee \$180

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 37,701	Telephone (703) 707-9110
Name (Print/Type)	David G. Posz	Date	August 19, 2008

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/542,072
		Filing Date	7/13/05
		First Named Inventor	HURUTA
		Group Art Unit	3781
		Examiner Name	Grosso
		Attorney Docket Number	VX052684PCT

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	* <input type="checkbox"/> Information Disclosure Statement listing 2 reference
<input checked="" type="checkbox"/> Information Disclosure Statement and Form PTO-1449	<input type="checkbox"/> Terminal Disclaimer	* <input type="checkbox"/> A copy of 2 non-US references
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	* <input type="checkbox"/> International Search Report
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Posz Law Group, PLC David G Posz (Reg. No. 37,701)
Signature	
Date	August 19, 2008



This Form Based on PTO/SB/21

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/542,072
		Filing Date	7/13/05
		First Named Inventor	HURUTA
		Group Art Unit	3781
		Examiner Name	Grosso
		Attorney Docket Number	VX052684PCT

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<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	* <input type="checkbox"/> Information Disclosure Statement listing 2 reference
<input checked="" type="checkbox"/> Information Disclosure Statement and Form PTO-1449	<input type="checkbox"/> Terminal Disclaimer	* <input type="checkbox"/> A copy of 2 non-US references
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	* <input type="checkbox"/> International Search Report
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Posz Law Group, PLC David G Posz (Reg. No. 37,701)
Signature	
Date	August 19, 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

O I P E 44-288
AUG 19 2008
S P A T E N T & T R A D E M A R K O F F I C E
Applicant: HURUTA
Serial No.: 10/542,072
Filed: 7/13/2005
Title: ARTICLE ACCOMMODATING
CASE

Atty. Dkt.: VX052684PCT
Art Unit: 3781
Examiner: Harry A. Grosso

Commissioner for Patents
Alexandria, VA 22313-1450

Date: August 19, 2008

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

This supplemental information disclosure statement is being filed in response to an Office Action dated May 28, 2008, which stated that copies were not provided in the Information Disclosure Statement filed with the PTO on July 13, 2005 for two of the foreign patents cited, JP-U-S58-192228 and JP-U-S06-80638.

Pursuant to 37 C.F.R. §1.56, the references listed on the attached Form PTO-1449 are being brought to the attention of the Examiner without any admission that they constitute statutory prior art, or without any admission that they contain subject matter that anticipates the invention or renders the invention obvious to a person of ordinary skill in the art.

In compliance with the concise explanation requirement under 37 C.F.R. § 1.98(a)(3) for the listed foreign language documents, applicant encloses herewith an English-language version of the International Search Report citing each of these documents, indicating the degree of relevance (if not already included) found by the foreign office.

As a first Office Action on the merits has been mailed in the above identified application, the fee due under 37 C.F.R. 1.17(p) is attached. Please charge any additional fee to Applicant's attorney's Deposit Account No. 50-1147.

Also, the Examiner is requested to initial the attached PTO Form-1449 and to return a copy of same to the undersigned attorney as proof that the listed references have been considered and made of record.

Respectfully submitted,



David G. Posz
Reg. No. 37,701

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Reston, VA 20191
(703) 707-9110
Customer No. 23400

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